



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

For filing with Ecology or with County Conservancy Boards



DROUGHT

A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- ☒ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☒ Other (i.e. consolidation, intertie, trust water)

Explain: Trust Water

FOR OFFICE USE ONLY

CHANGE No. CS4-A0708Vol283P7902 WRIA 48
DATE ACCEPTED 06/28/01 BY [Signature]
FEE \$ 40.00 REC'D 6/27/01
CHECK No. 1057
SEPA: ☒ Exempt ☐ Not exempt
WA 9 3 of 4

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Washington Water Trust	PHONE NO. (206) 675-1585	FAX NO. (206) 749-9274
ADDRESS 810 Third Avenue, Suite 120		
CITY Seattle	STATE WA	ZIP CODE 98104
CONTACT NAME (IF DIFFERENT FROM ABOVE) Sarah Ogier	PHONE NO. ()	FAX NO. ()
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Vol. Q., P. 283-79	RECORDED NAME(S) Noah Williams
DO YOU OWN THE RIGHT TO BE CHANGED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF NO, PROVIDE OWNER(S) NAME: Scott Larson	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? x YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

FOR OFFICE USE ONLY

APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

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3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
		SW	NE	25	32 N	22 E*		

*error in recording should be 21 E

21

48 ok

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	.87		April - Nov 1

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Instream - Trust Water	.79		July 1 - Nov 1
Irrigation	.79		April 1 - June 30

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
35 acres in N 1/2 of NE 1/4 of Sec. 31, T. 32 N., R 22 E.W.M.							
		SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Okanogan		
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES x NO - IF NO, PROVIDE OWNER(S) NAME:							
see Attached							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Libby Creek							
		SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

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Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☒ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

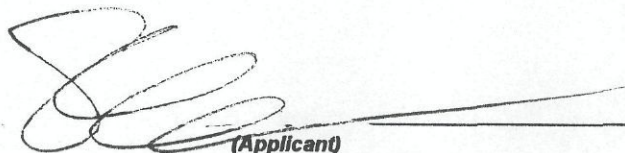
6. Remarks and Other Relevant Information:

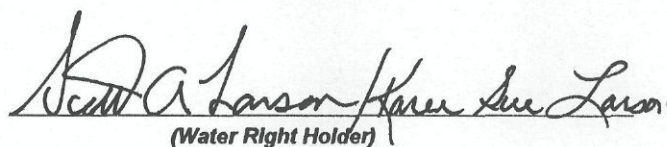
Applicant intends to irrigate 31.91 acres from April 1 - June 30. Water will be in trust from July 1 - November 1. Other individuals claim 3.09 acres of this water right and it is not applicants intention to transfer this water.

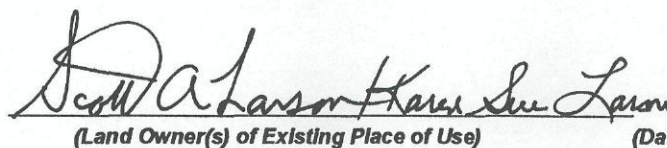
IF FOR SEASONAL OR TEMPORARY, START DATE 07 / 01 / 01 END DATE 11 / 01 / 02

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

 6 / 5 / 01
(Applicant) (Date)

 6 / 5 / 01
(Water Right Holder) (Date)

 6 / 5 / 01
(Land Owner(s) of Existing Place of Use) (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____

034 ADJ 08 VOL 283 P 79 02

IMPORTANT!